

North Country Community College

CERTIFICATION REQUEST FORM

MUST BE COMPLETED PRIOR TO EVERY SEMESTER

Completion of this form authorizes North Country Community College (NCCC) to provide required information and to certify your enrollment at NCCC for the specified semester to the U.S. Department of Veterans Affairs (VA). E-mail: veterans@nccc.edu or Mail: Veterans Services, 23 Santanoni Avenue, Saranac Lake, NY 12983

Term Year: _____ Fall _____ Winterim _____ Spring _____ Summer

Name: _____
Last First Middle

Are you a: _____ Veteran _____ Dependent/Spouse of Veteran _____ Reserve/National Guard

SSN of student: _____ NCCC ID#: _____

VA Dependent Code #: _____ (SSN OF VETERAN - ONLY CHAPTER 35)

It is your responsibility to keep the VA and NCCC informed of changes in your contact information.

Address: _____
Street City State Zip

Phone: _____ Daytime Email: _____

Check the VA Benefit Program you are using or wish to use:

- CH 33 (Post 9/11 GI Bill) CH 30 (Montgomery GI Bill - Active Duty)
CH 31 (Disabled/Voc Rehab) CH 35 (Survivors/Dependents Ed Asst Prog)
CH 1606 (Reserve/Guard) CH 1607 (REAP - Reserve to duty after 9/11/01)

Is this a change of VA benefit chapter from the previous semester? Y or N

Benefit Status:

- Continuing Student: Have received benefits at NCCC
New Applicant: Applying for VA benefits for the first time
Transfer student: Transferring from another institution where you used veterans benefits

What is your major? _____ Are you currently Active Duty? Y or N

Have you changed your major and/or program since your last certification request? _____

If yes, VA Form 22-1995 or 22-5495 (CH 35) must accompany this form.

STATEMENT OF UNDERSTANDING (Please initial each line.)

- 1. I will report any registration changes (add, drop, withdrawal, change of major, etc.) to the certifying official.
2. I will notify the certifying official if I stop attending class(s).
3. I understand that grades "AW" "W" "E" and "IN" may result in reduced payment from VA.
4. I understand that classes scheduled to meet for less than the normal semester term dates may be paid at a different rate based on the number of credits and the length of the class.
5. I understand that repeated classes for which I have received a grade cannot be used for my certification (*Specific exceptions apply, see Certifying Official for details).
6. I understand that if I fail to comply with the above, it can result in an over or underpayment of benefits. VA will hold me responsible for overpayment of my education benefits.
7. I would like to share my NCCC e-mail with the NCCC Veterans Club. Yes No

My signature below indicates that I understand the above guidelines and that I must complete a new Veterans Certification Request form each semester of attendance that I wish to receive benefits.

Signature: _____ Date: _____

Office Use: VAOnce _____ INITIAL _____ DATE _____

Comments: _____